

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

REIMBURSEMENT FOR PEDIATRIC SERVICES

<u>HCPCS CODE</u>	<u>CODE DESCRIPTION</u>	<u>MAXIMUM MEDICAID FEE ALLOWANCE</u>	
		<u>S</u>	<u>NS</u>
99201	Physician typically spend 80 minutes	\$16	\$14
99202	Physician typically spend 80 minutes	16	14
99203	Physician typically spend 80 minutes	22	17
99204	Physician typically spend 80 minutes	22	17
99205	Physician typically spend 80 minutes	22	17
99211	Typical or minor	16	14
99212	Physician typically spend 80 minutes	16	14
99213	Physician typically spend 80 minutes	16	14
99214	Physician typically spend 80 minutes	16	14
99215	Physician typically spend 80 minutes	16	14
99241	Physician typically spend 80 minutes	44	N/A
99242	Physician typically spend 80 minutes	44	N/A
99243	Physician typically spend 80 minutes	44	N/A
99244	Physician typically spend 80 minutes	62	N/A
99245	Physicians typically spend 80 minutes	62	N/A
99271	Usually the presenting problem(s) are self limited or minor	44	N/A
99272	Usually the presenting problem(s) are of low severity	44	N/A
99273	Usually the presenting problem(s) are of moderate severity	44	N/A
99274	Usually the presenting problem(s) are of moderate to high severity	62	N/A
99275	Usually the presenting problem(s) are of moderate to high severity	62	N/A
99341	Usually the presenting problem(s) are of low severity	16	14
99342	Usually the presenting problem(s) are of moderate severity	16	14
99343	Usually the presenting problem(s) are of high severity	35	35

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**HCPCS
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		S	NS
99351	Usually the patient is stable, recovering or improving	\$16	\$14
99352	Usually the patient is responding inadequately to therapy or has developed a minor complication	16	14
99353	Usually the patient is unstable or has developed a significant complication or a significant new problem	35	35
99354	Prolonged physician service in the office or other outpatient setting requiring direct patient contact	45	40
99355	Each additional 30 minutes	22.50	20
99381	Initial preventive medicine evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/ diagnostic procedures; new patient; infant (age under one year)	22	17
99382	Early childhood (age 1 through 4 years)	22	17
99383	Late childhood (age 5 through 11 years)	22	17
99384	Adolescent (age 12 through 17 years)	22	17
99391	Periodic preventive medicine reevaluation and management of an individual including a comprehensive history, comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/ diagnostic procedures, established patient; infant (age under one year)	16	14
99392	Early childhood (age 1 through 4 years)	22	17
99393	Late childhood (age 5 through 11 years)	22	17
99394	Adolescent (age 12 through 17 years)	22	17
99432	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)	22	17
90700	Immunization, active; diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)	24.86	
90701	Diphtheria and tetanus toxoids and pertussis vaccine (DTP)	16.34	
90702	Diphtheria and tetanus toxoid (DT)	3.29	
90703	Tetanus toxoid	3.40	

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90704	Mumps virus vaccine, live	\$23.60
90705	Measles virus vaccine, live, attenuated	18.39
90706	Rubella virus vaccine, live	22.04
90707	Measles, mumps and rubella virus vaccine, live	39.87
90712	Poliovirus vaccine, live, oral (any type(s))	14.44
90713	Poliomyelitis vaccine	22.80
90714	Typhoid vaccine	3.03
90716	Varicella (chicken pox) vaccine	48.00
90717	Yellow fever vaccine	By report
90718	Tetanus and diphtheria toxoid absorbed, for adult use (Td)	3.35
90719	Diphtheria toxoid	4.88
90720* W9338	Diphtheria, tetanus toxoids, and pertussis (DTP) and Hemophilus influenza B(HIB) vaccine	30.27
90724	Influenza virus vaccine	6.97
90725	Cholera vaccine	By report
90726	Rabies vaccine	By report
90727	Plague vaccine	By report
90728	BCG vaccine	By report
90730	Hepatitis A vaccine	By report
90732	Pneumococcal vaccine, polyvalent	14.35
90733	Meningococcal polysaccharide vaccine	17.48
90737	Hemophilus influenza B	25.79
90741	Immunization, passive; immune serum globulin	By report
90742	Specific hyperimmune serum globulin	By report
90744* W9096	Immunization, active, hepatitis B vaccine;	17.46
W9333	Newborn to 11 years	27.88
90745* W9098	Immunization, active, hepatitis B vaccine;	32.79
W9335	11-19 years	62.09

***NOTE:** The Division continues to use specific Level III codes which are dose-specific and manufacturer-specific.

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The following procedure codes denote age-appropriate Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening services:

<u>HCPCS CODE</u>	<u>CODE DESCRIPTION</u>	<u>MAXIMUM MEDICAID FEE ALLOWANCE</u>	
		<u>S</u>	<u>NS</u>
W9060 WT	under 6 weeks	\$23	\$18
W9061 WT	6 weeks to 3 months	23	18
W9062 WT	3 months to 5 months	23	18
W9063 WT	5 months to 8 months	23	18
W9064 WT	8 months to 11 months	23	18
W9065 WT	11 months to 14 months	23	18
W9066 WT	14 months to 17 months	23	18
W9067 WT	17 months to 20 months	23	18
W9068 WT	20 months to 24 months	23	18
W9820	every 12 months thereafter	23	18

Separate reimbursement is available for EPSDT screening services rendered by Medicaid providers with special certification as the HealthStart Pediatric Preventive Health Care providers. To receive this certification, a provider must assure continuity of care; availability of preventive as well as "sick" care; 24 hour telephone access; and outreach. The reimbursement is as follows:

<u>HCPCS CODE</u>	<u>CODE DESCRIPTION</u>	<u>MAXIMUM MEDICAID FEE ALLOWANCE</u>	
		<u>S</u>	<u>NS</u>
W9060	HealthStart pediatric preventive care visit (under 5 weeks)	\$31	\$26
W9061	HealthStart pediatric preventive care visit (5 weeks to 3 months)	31	26
W9062	HealthStart pediatric preventive care visit (3 months to 5 months)	31	26
W9063	HealthStart pediatric preventive care visit (5 months to 8 months)	31	26
W9064	HealthStart pediatric preventive care visit (8 months to 11 months)	31	26
W9065	HealthStart pediatric preventive care visit (11 months to 14 months)	31	26
W9066	HealthStart pediatric preventive care visit (14 months to 17 months)	31	26
W9067	HealthStart pediatric preventive care visit (17 months to 20 months)	31	26
W9068	HealthStart pediatric preventive care visit (20 months to 24 months)	31	26

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REIMBURSEMENT FOR OBSTETRIC SERVICES

<u>HCPCS Code</u>	<u>Code Description</u>	<u>Maximum Medicaid Fee Allowance</u>	
59000	Amniocentesis	\$37.00	
59012	Cordocentesis	\$37.00	
59015	Chorionic villus sampling	\$37.00	
59020	Fetal oxytocin stress test	\$30.00	
59025	Fetal non-stress test	\$15.00	
		<u>S</u>	<u>NS</u>
59030	Fetal scalp blood sampling	\$37.00	\$32.00
59050	Fetal monitoring during labor by consulting physician with written report (separate procedure)	\$37.00	\$32.00
59051	interpretation only	\$25.00	\$21.00
59100	Hysterotomy, abdominal	\$272.00	\$236.00
59120	Surgical treatment of ectopic pregnancy with salpingectomy or oophorectomy	\$272.00	\$272.00
59121	Surgical treatment of ectopic pregnancy without salpingectomy or oophorectomy	\$272.00	\$236.00
59130	Surgical treatment of abdominal pregnancy	\$272.00	\$236.00
59135	Surgical treatment of interstitial, uterine pregnancy requiring total hysterectomy	\$363.00	\$308.00
59136	Surgical treatment of interstitial uterine pregnancy with partial resection of uterus	\$414.00	\$352.00
59140	Surgical treatment of ectopic pregnancy, cervical, with evacuation	\$242.00	\$205.00
59150	Laparoscopic treatment of ectopic pregnancy without salpingectomy and/or oophorectomy	\$228.00	\$194.00

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<u>HCPCS Code</u>	<u>Code Description</u>	<u>Maximum Medicaid</u>	
		<u>Fee Allowance</u>	
		<u>S</u>	<u>NS</u>
59151	Laparoscopic treatment of ectopic pregnancy with salpingectomy and/or oophorectomy	\$372.00	\$317.00
59160	Curettage after delivery, separate procedure	\$72.00	\$63.00
59200	Insertion of cervical dilator	\$40.00	N/A
59300	Episiotomy or vaginal repair only, by other than attending physician	\$90.00	\$79.00
59320	Cerclage of cervix, during pregnancy, vaginal	\$119.99	\$101.99
59325	Cerclage of cervix, during pregnancy, abdominal	\$188.76	\$160.45
59350	Hysterorrhaphy of ruptured uterus	\$242.00	\$205.00
59400	Total obstetric care (all inclusive, "Global" care) includes antepartum care, vaginal delivery (with or without episiotomy, and/or forceps or breech delivery) and postpartum care	\$468.00	\$403.00
59400 WM*	Total obstetric care (all inclusive "Global" care), includes antepartum care, vaginal delivery (with or without episiotomy) and postpartum care	N/A	\$328.00
59409	Vaginal delivery only (with or without episiotomy, and/or forceps or breech delivery)	\$300.00	\$254.00
59409 WM	Vaginal delivery only (with or without episiotomy)	N/A	\$210.00
59410	Vaginal delivery only (with or without episiotomy, and/or forceps or breech delivery) including in-hospital postpartum care (separate procedure)	\$320.00	\$272.00

* Note: WM denotes Certified Nurse Midwife Services

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<u>HCPCS Code</u>	<u>Code Description</u>	<u>Maximum Medicaid Fee Allowance</u>	
		<u>S</u>	<u>NS</u>
59410 WM	Vaginal delivery only (with or without episiotomy) including in-hospital postpartum care (separate procedure)	N/A	\$224.00
59412	External cephalic version, with or without tocolysis	BR	BR
59414	Manual removal of placenta by other than the physician effecting delivery	\$30.00	\$26.00
59420* W9856**	Antepartum care only (separate procedure)	\$16.00	\$14.00
59420 WM W9856 WM**	Antepartum care only (separate procedure)	N/A	\$11.20
59420 22*** W9855**	Antepartum care only (separate procedure)	\$22.00	\$17.00
59420 22 WM W9855 WM**	Initial antepartum visit provided by a certified nurse midwife (separate procedure)	N/A	\$15.40
59430	Postpartum care only (separate procedure)	\$20.00	\$18.00
59430 WM	Postpartum care only (separate procedure)	N/A	\$14.00
59510	Caesarean Section, including in-hospital postpartum care; including antepartum and postpartum care	\$598.00	\$516.00
59514	Caesarean delivery only	\$430.00	\$367.00
59515	Caesarean Section, including postpartum care	\$450.00	\$385.00
59525	Subtotal or total hysterectomy after Cesarean delivery	\$362.00	\$308.00

- * Note: Procedure codes 59420 and 59420 22 are not valid after 2-28-97.
 ** Note: The Division elected to utilize level III W9855 and W9856 procedure codes for antepartum care rather than adopting the new codes 59425 & 59426.
 *** Note: 22 denotes "Service greater than usual".

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<u>HCPCS Code</u>	<u>Code Description</u>	<u>Maximum Medicaid Fee Allowance</u>	
		<u>S</u>	<u>NS</u>
59812	Treatment of incomplete abortion, any trimester, completed surgically	\$105.00	\$ 91.00
59820	Treatment of missed abortion, completed surgically; first trimester	\$105.00	\$ 91.00
59821	second trimester	\$ 79.00	\$ 68.00
59830	Treatment of septic abortion, completed surgically	\$121.00	\$105.00
59840	Induced abortion, by dilation and curettage	\$ 79.00	\$ 68.00
59841	Induced abortion, by dilation and evacuation	\$ 79.00	\$ 68.00
59850	Induced abortion, by one or more intra-amniotic injections	\$ 79.00	\$ 68.00
59851	with dilation and curettage and/or evacuation	\$ 79.00	\$ 68.00
59852	with hysterotomy (failed intra-amniotic injection)	\$ 79.00	\$ 68.00
59855	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria);	\$151.00	\$137.00
59856	with dilation and curettage and/or evacuation	\$228.00	\$179.00
59857	with hysterotomy (failed medical evacuation)	\$272.00	\$236.00
59870	Uterine evacuation and curettage for hydatidiform mole	\$ 79.00	\$ 68.00
59899	Unlisted procedure, maternity care and delivery	BR	

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REIMBURSEMENT FOR OBSTETRIC SERVICES

A program of enhanced maternity care services known as HealthStart is available to Medicaid eligible women who receive their prenatal care from Medicaid providers who are certified as HealthStart maternity care providers. The enhanced package of services provides for fifteen (15) regular prenatal visits and a package of health support services which include various risk assessments, health education, case management and outreach. The reimbursement for these services is as follows:

<u>HCPCS Code</u>	<u>Code Description</u>	<u>Maximum Medicaid Fee Allowance</u>	
		<u>S</u>	<u>NS</u>
W9025	Initial antepartum visit, separate procedure	\$72.00	\$69.00
W9025 WM	Initial antepartum visit by certified nurse midwife	N/A	\$67.00
W9026	Subsequent antepartum visit, separate procedure	\$22.00	\$21.00
W9026 WM	Subsequent antepartum visit, by certified nurse midwife	N/A	\$19.00
W9027	Regular vaginal delivery, separate procedure	\$465.00	\$418.00
W9027 WM	Regular vaginal delivery by certified nurse midwife, separate procedure	N/A	\$371.00
W9028	Postpartum visit, separate procedure	\$22.00	\$21.00
W9028 WM	Postpartum visit by certified nurse midwife	N/A	\$19.00
W9029	Vaginal delivery and postpartum visit (only)	\$481.00	\$439.00
W9029 WM	Vaginal delivery and postpartum visit by certified nurse midwife	N/A	\$390.00
W9030	Total obstetrical care (vaginal delivery)	\$867.00	\$802.00
W9030 WM	Total obstetrical care (vaginal delivery) by certified nurse midwife	N/A	\$723.00
W9031	Caesarean section delivery, including in-hospital postpartum care	\$595.00	\$531.00

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<u>HCPCS Code</u>	<u>Code Description</u>	<u>Maximum Medicaid Fee Allowance</u>
W9040	HealthStart enrollment	\$ 30.00
W9041	Development of maternity plan of care	\$120.00
W9042	Subsequent health support services	\$ 50.00
W9043	Postpartum health support services	\$100.00

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